| POSITION | INITIALS | ID NO. | DATE |
|---|---|---|---|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | 8 | 02/14/01 |
| FORMALITY REVIEW | SS | 573 | 02-28-01 |
| RESPONSE FORMALITY REVIEW | jb | 1030 | 6-14-01 |
| | | | |

## INDEX OF CLAIMS

| | | |
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| ✔ ............................ Rejected | N ............................ Non-elected | |
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| — (Through numeral)... Canceled | A ............................ Appeal | |
| ÷ ............................ Restricted | O ............................ Objected | |

| Claim (Final / Original) | Date | Claim (Final / Original) | Date | Claim (Final / Original) | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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